

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53	/					
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58		/				
9							59		/				
10							60		/				
11							61		/				
12							62		/				
13							63		/				
14							64		/				
15							65		/				
16							66		/				
17							67		/				
18							68		/				
19							69		/				
20							70		/				
21							71		/				
22							72	/					
23							73		/				
24							74		/				
25							75		/				
26							76		/				
27							77		/				
28							78		/				
29							79		/				
30							80		/				
31							81		/				
32							82		/				
33							83		/				
34							84		/				
35							85		/				
36							86		/				
37							87	/	/				
38							88	/	/				
39							89		/				
40							90		/				
41							91		/				
42							92		/				
43							93		/				
44							94		/				
45							95		/				
46							96		/				
47							97		/				
48							98		/				
49							99		/				
50							100		/				
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	24					
TOTAL CLAIMS							TOTAL CLAIMS	27					